



OFFICE OF SHERIFF

ST. CROIX COUNTY, WISCONSIN

1101 Carmichael Road Hudson, WI 54016

www.sccwi.gov

Sheriff's Office
715-381-4320
Fax 715-386-4606

Jail
715-386-4752
Fax 715-381-4402

Scott L. Knudson
Sheriff

Cathy R. Borgschatz
Chief Deputy

ST. CROIX COUNTY JAIL – HUBER TRANSFER (OUT)

HUBER FAX NO. 715-381-4427

INMATE NAME: _____ DOB: _____

CASE NO.: _____

SERVING COUNTY FAX NO. _____

REPORT DATE: _____

The above inmate has requested to be placed on the Huber program through your County Jail. The inmate is required to make arrangements with your county to be placed on Huber through your Huber program.

The inmate is requesting that he or she be placed on Huber under the following conditions:

1. There will be no charge to the St. Croix County Jail.
2. The County Jail in which he/she serves the sentence in will agree to place the inmate in their jail either on **Huber** or as a **general population** inmate (circle one).
3. The inmate will pay all appropriate fees the County Jail in which he/she is serving the sentence.
4. The inmate will abide by all the rules of the County Jail in which he/she is serving in.
5. If the inmate violates any rules or conditions of the County in which he/she is serving in, and they do not want the inmate to remain in their custody, St. Croix County will transport the inmate to St. Croix County or authorize the release of the inmate to make own transportation arrangements directly back to the St. Croix County Jail (depending on if Huber status has been granted).
6. St. Croix County will provide a copy of the Judgement of Conviction indicating the inmate is able to serve in the County accepting the transfer.
7. St. Croix County will fax a sentence computation/calculation with release date to the County in which the inmate will serve the sentence.

8. The inmate will be instructed to make arrangements for a definitive check in date/time with the accepting County. The date must abide by the terms given on the Judgment of Conviction.

The undersigned representative of the County Jail agrees to accept the above names inmate in the Huber program under the terms of this agreement.

County of Acceptance and Representative

Date

Print name

Title or Position



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WORK RELEASE TRANSFER OUT PAPERWORK

INMATE NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE#: _____ CELL PHONE #: _____

REQUEST TO TRANSFER FROM ST. CROIX COUNTY TO: _____
SENTENCING CHARGE: _____
#OF DAYS TO SERVE: _____

EMPLOYER: _____ PHONE: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
SUPERVISOR: _____ PHONE #: _____

I UNDERSTAND THAT MY ACCEPTANCE AS A HUBER TRANSFER IS CONDITIONAL AND THAT SUCH STATUS MAY BE TERMINATED WITH OR WITHOUT CAUSE. FURTHERMORE, I UNDERSTAND THAT IF MY STATUS AS A TRANSFER TO ST. CROIX COUNTY FROM ANOTHER COUNTY IS TERMINATED, I WILL LOSE MY HUBER PRIVILEGES FOR THE REMAINDER OF MY SENTENCE. I ALSO UNDERSTAND THAT AT THE TIME OF MY INITIAL TURN IN, **I WILL BE 100% SOBER AND COMPLETELY DRUG FREE.**

INMATE SIGNATURE: _____ DATE: _____

I WILL _____ WILL NOT _____ ACCEPT THE INMATE AS A TRANSFER.

AUTHORIZED BY: _____ DATE: _____
DATE AND TIME OF CHECK IN _____ FEES NEEDED UP FRONT\$ _____
SPECIAL INSTRUCTIONS:

